Saskatchewan Health

Working Together Toward

WELLNESS

A Saskatchewan Vision for Health

A FRAMEWORK FOR CHANGE

The Honourable Louise Simard
Minister of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand, to change or cope with the environment.

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INTRODUCTION

"When we began to plan Medicare, we pointed out that it would be in two phases. The first phase would be to remove the financial barrier between those giving the service and those receiving it. The second phase would be to reorganize and revamp the whole delivery system—and of course, that's the big item. That's the thing we haven't done yet."

Tommy Douglas (from the 1982 film *Folks Call Me Tommy*)

In 1962, the eyes of the nation were on Saskatchewan as a unique vision of health care was introduced. In that year, this province became the birthplace of medicare in North America—the publicly funded, universal system which has become the model for providing quality health care to all.

The leadership and caring our province demonstrated 30 years ago made this bold innovation possible. Medicare was the vital first step in meeting the complex health care needs of Saskatchewan people. Today, that same community spirit of innovation and caring is needed to take the next step—to shape the next generation of health care.

This paper puts forward a vision and a framework for a new approach to health.

This paper puts forward a vision and a framework for a new approach to health. The vision incorporates a definition of health that includes an individual's physical, mental, social, cultural, economic and spiritual well-being. This approach means the sharing of responsibility, knowledge and decision-making between communities and government, between health care consumers and health care providers. It means improving the quality of life for all Saskatchewan people.

An Invitation to the People of Saskatchewan

This paper is intended to begin the process of rejuvenation and reform of the health system in our province. It reflects the ideas of people, communities, organizations and health professionals across Saskatchewan.

The Minister of Health invites the people of this province to participate in a community-based process to introduce wellness and health reform.

Your comments, your ideas, and your active participation are essential to the success of this process.

HEALTH CHALLENGES

Saskatchewan people are proud of the high quality health system they have built over the last 30 years. However, there is a growing recognition of the limitations of our current approach and of the need to revitalize the health system while remaining faithful to the fundamental principles of medicare: accessibility, comprehensiveness, universality, portability and public administration.

Not only in Saskatchewan, but in other provinces and countries as well, health systems are being reviewed and reformed to ensure that they can meet the changing needs of the people they serve.

Changing Health Needs

Since the introduction of medicare in 1962, there have been dramatic social and economic changes in Saskatchewan:

- There is an increasing awareness of the range of factors which determine a person's health, such as age, income, education, gender, race, genetic inheritance, lifestyle and geography.
- Our population is aging with longer life spans for seniors, many of whom live in the rural areas of our province.
- There is more concern and greater expectations regarding quality of life and our environment.
- Saskatchewan's Indian and Metis population is growing—culturally relevant health service options are needed.
- Family structures and roles are changing and growing numbers of women are in the paid labour force.
- There is an overall population shift toward urban centres.
- There are more children and families living in poverty.
- The kinds of illnesses which affect us are changing. Heart disease, stress, depression, allergies and cancer are now more common.

These realities challenge us to reform the system to ensure that our province can continue to provide health services which are effective, relevant to the 1990s, and which improve the quality of life of all Saskatchewan people.

Effective Allocation of Resources

The economic realities of the day and the escalating costs of our current approach to health are also challenging our ability to provide quality care.

In 1992, nearly 60 percent of Saskatchewan health dollars will be spent on hospitals and long-term care facilities. Another 15 percent will go toward physician services. In addition:

- The province has the most hospital beds per person in the country and more hospitals than any other province in Canada except Ontario.
- Areas outside Regina and Saskatoon have 64 percent of the population but only 35 percent of the total number of physicians.
- Canada has more special-care home beds than any other country, and Saskatchewan has the third highest number of such beds per person over age 75 in the country.
- 67 hospitals have fewer than 10 funded acute-care beds with an average operating cost per hospital of $750,000 per year.
- There are over 400 distinct health boards in the province governing health facilities and programs.

Spending more and more money to support the traditional approach to health is not the most effective way to improve the health of Saskatchewan people or better the quality of their lives. Our health system has numerous facilities as well as necessary medical specialization and technology. However, these treat illness or injury once it has happened. More resources have to be directed toward preventing that injury and illness in the first place.

We can spend our province's health dollars more effectively by reallocating funds to a broader range of activities proven to contribute to health, and by streamlining institutional delivery systems. Unnecessary duplication of services must be eliminated as steps are taken to improve the health system.

A new approach should provide the direction to build for the future while dealing with today's economic realities.

Therefore, a new approach should provide the direction to build for the future while dealing with today's economic realities. **An expanded view of health considers factors such as housing, employment, education and the environment. This broader view of health also includes empowered health consumers and health professionals, and a new generation of health services.**

Need for Reform

For the past six months meetings have been held with many groups, private individuals and health professionals to review the province's health system.

The discussions led to a consensus about the need for a comprehensive series of reforms to the current system. It also was clear that there was a strong level of commitment on the part of health professionals and the public to work together to achieve the needed reforms.

The following constraints were identified within the health system:

- The current management and budget structures of the health system make it difficult to integrate health programs and services such as home care, physiotherapy, mental health and hospital services.
- The lack of service co-ordination and integration means that service delivery is fragmented; there are gaps in service, and it is difficult to consider the needs of the whole person.
- Under the current payment structure, some health care providers are rewarded (receive larger incomes) for high use of their services. This may encourage user dependency and is inconsistent with the goal of people taking more responsibility for their own health and relying less on the service system.
- New alliances and a new spirit of co-operation are needed among governments, communities, health organizations, health care providers and health care consumers.
- There is a need for effective community participation in the design and delivery of local health services.
- More time and money must be devoted to disease prevention and to health promotion in its broadest sense.
- Health care consumers need information about what they can do for themselves, and more control to make decisions about their health.
- There are a number of 'health' issues that have not been adequately addressed, such as family violence, poverty, unintended teenage pregnancies, drug and alcohol abuse, and a lack of sensitivity to cultural differences.
- There is little recognition of the role and benefits of new and alternative health approaches and treatments.

One comment was repeated frequently, and it seemed to sum up the mood of the province: "There has been considerable study and discussion about health reform. Now it is time to get on with it."

THE WELLNESS APPROACH

In January 1992, the "Wellness Project" was established by the Minister of Health to recommend a strategy for health reform.

Recommendations of a number of health commissions and task forces across Canada, such as the 1986 federal report *Achieving Health for All: A Framework for Health Promotion*, and numerous provincial government studies were reviewed. Meetings were held across the province to discuss health reform. During these discussions, the wellness approach was confirmed as the best overall framework within which to identify and address reforms to the health system.

Wellness Principles

In discussions with the public and health professionals, a consensus emerged on the fundamental principles of the wellness approach.

It was agreed that the wellness approach should:

- Enhance the health of Saskatchewan residents.
- Provide high quality, affordable health care that is publicly funded and administered.
- Ensure that there is a safety net for people with multiple needs or chronic or life-threatening conditions.
- Involve the general public, community representatives and health professionals as partners with government in the planning, governing and delivery of health programs.
- Encourage and enable people to take more responsibility for their own health.
- Ensure that changes in health care delivery reflect the unique circumstances and needs of a community.

The wellness approach is a new way of looking at the province's health system to help us achieve the highest possible level of health in all aspects of our lives. Everyone, regardless of disability or disease, should have the opportunity to live the fullest life possible.

The wellness approach recognizes that our health is determined by factors that go beyond the traditional definition of health and health care. Factors like employment, income, education, housing, the environment and individual lifestyle choices all play a major role in determining our health. How we deal with stress and whether we smoke or exercise can have a direct effect on our health. Low incomes can create circumstances that contribute to poor health. Our personal control and ability to cope with events in our life can also affect our health and rehabilitation. The wellness approach also recognizes that different communities have different health needs.

To help Saskatchewan people achieve wellness, a new vision of health must deal with the broader aspects of our social, economic, and physical environments.

The wellness approach will:

- Create a health system that is responsive to community needs by placing control and management responsibilities at a local level.
- Balance the health system's current focus on treatment by emphasizing disease and accident prevention, consumer information, health education, health promotion and early intervention.
- Eliminate inequities in the health system by responding to the needs of women, families, the elderly, persons with low incomes, and others with special health needs.
- Make the health system more effective and efficient by integrating institutional, community-based and preventive programs, and by reducing waste and unnecessary duplication at all levels.

By working together toward wellness, we can change the way we think about health, our own role in achieving wellness, and the way health services are planned, delivered and paid for. The result will be a revitalized, high quality and secure health system now and for the future.

Wellness refers to our physical, mental and spiritual well-being. It means getting healthy and staying healthy. Wellness means improving our quality of life.

WELLNESS GOALS

The following goals are intended to foster healthy people, healthy families and healthy communities. The achievement of these goals will help to meet the changing circumstances and health needs of the people of Saskatchewan.

1. Ensure Health is a Priority and a Responsibility of all Sectors of our Province

This can best be accomplished through the **development and implementation of public policies** and programs that address social, economic, educational, environmental and other factors which have an impact on health.

The responsibility for achieving wellness for the people of Saskatchewan has to extend beyond the health system and the Department of Health to involve all sectors of our province, including health care consumers, families, business and industry, sport and recreation, educators, trade unions and other departments and levels of government.

2. Ensure Effective and Affordable Service Delivery

The **integration, co-ordination and consolidation of existing health and other services** is critical to the affordability, effectiveness and accessibility of our service delivery. Integration is required to ensure the flexibility to plan and manage health services locally.

Our health system should reflect and foster an approach to health that considers the whole person or whole community.

3. Empower Saskatchewan People, Communities and Health Professionals

We must **increase the meaningful involvement and participation of health consumers, communities, and health professionals** in the planning, delivery, and governing of health services while respecting the diversity of our population.

We should foster and support opportunities for people and communities to take more responsibility for their own health.

4. Strengthen Family and Community-Based Support and Prevention Approaches

Strengthening family, home and community preventive, supportive and rehabilitative programs will provide needed and more appropriate alternatives to institutional care.

Alternative approaches to health service delivery will move programs and services closer to many homes and families and provide incentives to encourage communities to adopt a wellness approach.

5. Enhance Health Promotion and Disease Prevention

An enhanced health promotion and disease prevention focus will **help people make healthy choices and create healthier environments.**

Individuals and families need information, education and opportunities that enable them to make informed decisions about their own health and to take the necessary actions to achieve, maintain or regain health.

6. Maintain Essential and Appropriate Services

Although there will be more emphasis on preventive, community-based services, acute and long-term care services will remain available and accessible to all residents.

7. Develop Alternative Approaches

Innovations, such as visiting health professionals and sophisticated communication systems, will enhance our ability to reach out to communities throughout the province. Alternative payment systems, expanded use of alternative health professionals, and self-help will increase our focus on prevention.

8. Reduce Health Inequities

We must direct services to special-need groups, such as low-income people, multi-problem families and those at risk for specific illnesses. We will also work with Indian and Metis people to ensure that services meet their health needs.

9. Enhance Health Research and Evaluation

The entire health system has to be evaluated. A key component in this evaluation will be the work of the recently established **Health Services Utilization and Research Commission.**

The commission will assess the benefits and costs of health procedures, technologies, programs and agencies, and identify options for improvement. The commission will provide scientific evidence on which to make important decisions about quality health services and getting value for tax dollars. This information will be of great use to the general public, health professionals, health districts and the Department of Health in making the best possible decisions about health programs.

WELLNESS STRATEGIES

The following strategies can begin the process of reforming the Saskatchewan health system. They propose a direction for the change process—a direction which is dedicated to encouraging communities and people to actively participate in planning and decision-making.

The reform process respects both the diversity of health needs and of cultural, linguistic and religious values. Many cultural or religious communities have developed a special sensitivity to the needs of the people in their area which will be critical to developing a workable wellness approach for their community. Their committed stewardship of the health system and their relationships with communities is recognized and will be respected.

Flexibility, support for local initiatives, respect for diversity, and responsiveness to identified health needs guide the reform process.

Thus, flexibility, support for local initiatives, respect for diversity, and responsiveness to identified health needs guide the reform process.

There are five strategies to begin the process of health reform. These are only the beginning in a movement toward wellness, but they are important first steps.

1. Public Policies That Promote Good Health

The development and implementation of health-enhancing public policies is at the heart of the new Saskatchewan health system. The change to a wellness approach is a profound change, a change in health priorities and a broadening of our view of health.

Public policies and programs must encourage and support good health in a variety of ways—from legislating road safety measures to providing safe drinking water, and from establishing smoke-free areas to ensuring the safe use of pesticides.

Government departments, together with non-government organizations and community agencies, must begin to invest human and financial resources in programs and services that promote wellness. Working in partnerships, we can develop policies that effectively address the larger issues that determine our health and our opportunities for good health.

People can be empowered to make positive choices about their own health. Children who have enough to eat are healthier and perform better in school. Seniors with adequate support are more likely to remain at home where they are happier and healthier.

When developing and co-ordinating policies that promote good health, it is critical that the public as well as health professionals, special-interest groups and communities are involved.

These health policies will change the circumstances in which people live and make it possible for them to make healthy choices. The result will be men, women, girls and boys living in communities that actively promote their health and well-being.

A **Provincial Health Council** is being established to promote and provide advice on public policies which affect health. Reporting to and advising the Minister of Health, the 12 to 15 member council will give health providers, community leaders, and the general public an opportunity to contribute their knowledge and experience to the development of healthy public policies and changes in the health system. The Provincial Health Council will be appointed by early fall of 1992.

The Provincial Health Council will:

- Help identify affordable public policies to improve the health of Saskatchewan people.
- Consider economic, social, educational, environmental, lifestyle and health service factors which affect health.
- Review available information on health issues, hold workshops, and solicit ideas from appropriate individuals and organizations.

The council will be represented by a cross-section of health consumers, rural and urban residents, labour and business people, educators, and groups with a particular interest or need. Council members will not be chosen to represent specific organizations or institutional interests. They will be selected on the basis of their community standing, and knowledge and experience in the development of organizational and public policies.

2. Health Promotion and Disease Prevention

Health promotion is the process of enabling people to increase control over, and to improve, their health.

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This strategy represents a major shift in thinking about individual health and about building a healthy society.

Health promotion is not just about pamphlets and posters. It includes **education, training, research, and community development.** Health promotion initiatives must be based on careful needs assessments—finding out what people really need to know and do, and making it easier for them to acquire the information and skills they need.

Prevention focuses on reducing or eliminating the causes of illness or injury. Immunization is a good example of a preventive initiative which protects individuals and avoids possible epidemics. Early intervention and counselling services can reduce family stress and breakdown.

Resources will be shifted to needed health promotion and prevention activities. Examples of this include:

- Working with communities to identify needed disease prevention and health promotion initiatives.
- Increasing public health inspection services to promote safe food handling.
- Increasing initiatives to prevent unintended teen pregnancy.
- Expanding the Breast Cancer Screening Program to increase our ability for early detection of breast cancer.
- Increasing resources to address family violence.

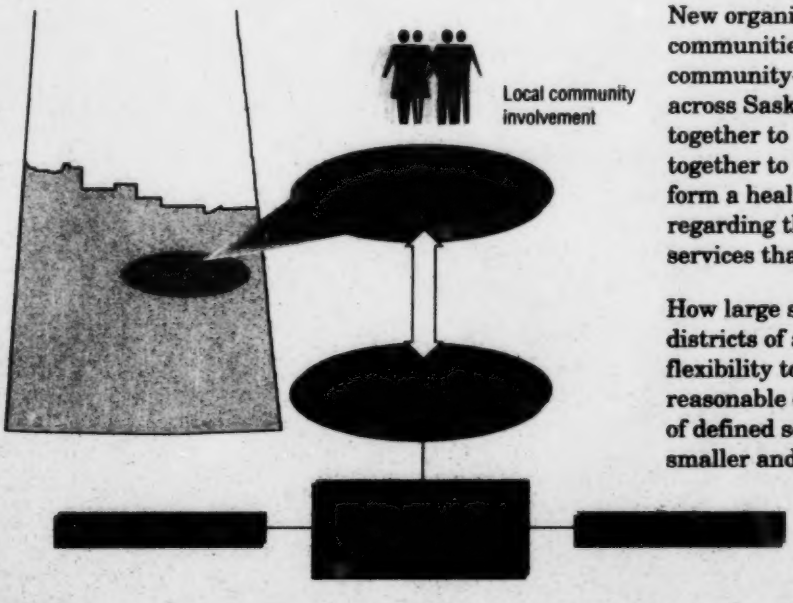
The Department of Health will continue to strengthen its focus on effective health promotion and disease prevention activities.

3. Integration and Co-ordination of Health Services

Saskatchewan people, communities, health administrators and health professionals have asked for a greater say in the allocation of health resources and the delivery of services in their area. It is important to establish a health delivery structure which supports community-based decision-making.

Communities have to work together to maintain and enhance the range of health services close to home.

We also need to restructure our province's health system to integrate and co-ordinate health service planning and delivery. Because of the dispersed population outside urban areas, communities have to work together to maintain and enhance the range of health services close to home. Working alone, many communities are too small to provide a reasonable range of health services locally.



Health Districts

New organizational arrangements are needed to help communities work together to achieve the goal of a community-based health system. Therefore, communities across Saskatchewan are being encouraged to work together to create health districts. As communities come together to identify their local health needs, they can form a health district and make appropriate decisions regarding the planning, governing and delivery of health services that meet their needs.

How large should these health districts be? Health districts of at least 12,000 people will provide the flexibility to meet local health needs while ensuring reasonable economies of scale and the effective provision of defined services. However, some districts may be smaller and some may be larger.

The number and size of districts will be decided by the communities themselves. It is expected that as many as 20 to 30 health districts could emerge from this community-based process. The size and configuration of these districts should take into account criteria such as population distribution, geographic barriers, trading and commuting patterns, location of current health facilities and population health status.

Regina, Saskatoon and Prince Albert have each established a new health board which will assume the responsibilities of a health district.

It is expected that the new health districts will:

- Conduct health needs assessments and develop district health plans.
- Integrate and co-ordinate health services within the district. This will include establishing arrangements to safeguard the rights and missions of privately-owned health facilities.
- Manage all health services within the district.
- Develop **community health centres.** These centres may take a variety of forms to be determined by the district, such as 'health and social centres,' 'co-operative health centres,' 'community clinics' or 'wellness centres.'
- Ensure that all health services within the district meet specific provincial guidelines and standards.
- Be governed by a single health board.

Provincial health funding for services delivered by a district health board will be provided in a single budget. The board will determine the allocation of resources based on its assessment of health needs and on ensuring the delivery of core health services. This will enable key funding decisions to be made at the local level by people who are best aware of the district's health needs.

Existing local revenue arrangements will remain in place for now; however, an extensive consultation process will help determine the best arrangements for local revenue supporting the district health system.

Jobs will likely be affected by the changes to health districts. Broad consultation and discussion are critical to determine the best approach to this human resource issue. A labour relations review committee, reporting to the Minister of Health, will be established immediately to consider and recommend needed strategies. This committee will consult widely with all affected parties.

As soon as possible, interim legislation will be introduced to allow the formation of health districts where communities are ready to proceed. Final enabling legislation, and the repeal of outdated legislation, will occur after consultation with health providers, administrators and those responsible for the development of local districts.

Interim Boards

Once communities have agreed on the boundaries for their district, an **interim** health district board will be appointed to assume the responsibility for health programs and services in the district. Interim board members will be local people nominated from within health districts and will have full authority to manage programs within their district.

Input into membership on these temporary boards will be sought from the communities, municipalities, existing board members, and other interested parties.

Establishing interim boards allows time for thorough consultation to determine the best method for choosing the membership of ongoing district health boards. These boards could be elected or appointed, and further consultation is required to determine the structure which best ensures local input into the district health system.

The initial tasks of the interim boards will be to assess the health needs of their residents and to develop a health service delivery and financial plan based on those needs.

Many communities have already begun working together to develop and define health districts; all communities are being asked to join in this important undertaking. The goal is to establish a number of health districts and appoint interim boards by April of 1993.

4. Community-Based Services

Community-based services mean more than the restructuring of the system—**they translate wellness into affordable services which may be brought closer to home for most Saskatchewan residents.**

This approach recognizes that a community extends beyond the boundaries of a town or city. A community includes all the people in an area who share common goals, needs and interests.

Wellness-based ideas and community-based services will get more support from the provincial government. The 1992-93 provincial budget provided $20 million for new community-based services.

There will also be improved emergency medical systems throughout the province. Changes include a regional dispatch system to improve the efficiency of road ambulance services and start-up funding for first-response systems.

At the same time, redirected and enhanced funding will support better ambulatory care programs and early hospital discharges.

Community Health Centres

The community health centre can become the focal point for health activities in a community. It can serve a key role in service integration within a local area.

Providing services through a community health centre offers an efficient and effective way of ensuring that communities continue to have local access to a variety of needed health services. As an entry point, these centres can provide access to a broad, co-ordinated range of health services.

The selection of services to be provided in a health centre will be based on the health needs of the area it serves. They could include a wide variety of services, such as:

- Primary health care through physicians or primary care nurses.
- Services of visiting health professionals, such as dentists, therapists, psychologists, speech pathologists, nutritionists or chiropodists.
- Counselling services, such as mental health or social services.
- Referrals for specialized services and health education programs on topics such as nutrition or drug use.
- The co-ordination of local home-care services.
- The location for respite-care or day-care services.
- Emergency medical services including an emergency first-response capability linked to ambulance services and the hospital system.
- The focal point for the co-ordination of public health inspections and other services, such as immunization, baby clinics, palliative care, breast cancer screening, or blood pressure clinics.
- Public education, self-help and health promotion activities.

Community health centres will also be a logical place for ongoing community development activities as communities and districts work toward wellness.

Small Rural Hospitals

Saskatchewan has many small rural hospitals and integrated facilities whose role has changed substantially since they were built. There are many facilities in Saskatchewan that have fewer than 10 funded acute-care beds and have an average annual operating cost of $750,000 each. Their importance to the economic and general well-being of the communities where they are located is well known; however, their acute-care role has largely disappeared. As local people on district health boards assess health needs, they may determine that resources currently allocated to these facilities could be applied more effectively in other ways.

There will be discussions with communities regarding the health needs within the district and the use of the resources currently assigned to that area. These discussions will investigate the possibility of redirecting some of those resources to the highest priority needs of the area while ensuring continuity of care.

This redirection of resources will allow better preventive and support services to be provided in the community, consistent with the wellness approach. This will also allow the local community to make the best use of human resources and limited finances while maintaining and improving needed health services.

5. Better Use of Health Resources

Making better use of existing health resources is essential to achieving wellness in Saskatchewan.

Consultations across the province with a variety of health professionals have begun, and a number of alternative ways of delivering health services are being considered. There will be ongoing discussions with employers, trade unions, consumer groups, health professionals and the newly formed health districts to consider new approaches.

New Role for Health Professionals

The provincial government will support and assist in creating an expanded role for nurses and other health professionals. Retraining and skill upgrading are an important part of this process. Initiatives to assist people in changing jobs or preparing for enriched jobs will be supported.

Nurses will increasingly be the primary health team members in many communities, working in partnership with medical and other professionals and assuming other expanded roles where required. A greater primary health care role for public health nurses, and mental health, rehabilitation and other community health workers will be encouraged.

Health Teams

There is a need for multi-skilled health professionals and health teams which can deliver a broader range of services in health districts. New health teams will promote wellness in the community and help citizens take more control of their own health system.

Physicians' Changing Role

The medical profession is receptive to innovation and to reviewing its role in the health system, including working as team members with other health professionals. Major consultation has begun and a new dialogue is emerging. Alternative methods of payment for physicians and the lack of physicians in rural areas will be explored.

Revitalization of the Regional Hospital System

The move toward a more community-based health system will require strong regional hospitals in order to support new service arrangements, provide specialty services to rural areas, and bring these services closer to home for most people. Resources have been provided in this year's budget to aid in the revitalization of these important services.

The wellness approach not only means a new way of thinking about health, it also means a critical way of thinking about health care and ensuring the best value for each dollar spent.

Emphasis on Evaluation

The entire health system—from acute-care hospitals to community mental health programs—will be evaluated on an ongoing basis to ensure that the range of services available has the greatest positive impact on the health of Saskatchewan residents. The wellness approach not only means a new way of thinking about health, it also means a critical way of thinking about health care and ensuring the best value for each dollar spent.

HEALTH NEEDS OF ABORIGINAL PEOPLE AND NORTHERNERS

We recognize the cultural diversity of aboriginal people throughout the province, as well as those residents living in northern Saskatchewan. One aspect of this diversity that warrants particular attention is the unique health challenge faced by these populations.

The province also respects the contributions being made by northern residents and aboriginal people to an increased understanding of wellness. We look forward to working together to blend the strengths of 'wholistic' health traditions with the effective elements of the medical approach.

Advances being made in the First Nations self-government process will have significant implications within our provincial health system. The province will respect these and other developments as we wo . together to plan wellness initiatives involving aboriginal and northern populations.

CHANGES IN THE DEPARTMENT OF HEALTH

The Department of Health will also be restructured to reflect wellness initiatives, the need for consolidation, community development support for districts, and the integration of health programs.

There will be consultation with communities to determine the best way to deliver the full range of services currently provided by the department and funded agencies. Based on health needs, district service delivery could extend to services currently delivered by the Department of Health and funded agencies.

The provincial government will continue to have central responsibility for setting and maintaining health standards, licensing, broad planning and policy development, evaluation, and funding of the health system.

Community Development Assistance

The department will provide communities with the planning support needed to establish districts. After districts are created, community development assistance will be available to help each district determine health needs and develop a district health plan. One of the department's key roles will be to ensure that the individuality of each district is protected and its unique health needs are accommodated. Department contacts have been identified to work with communities in creating health districts.

WORKING TOGETHER TOWARD WELLNESS

The people of Saskatchewan are considering a new way of defining health and of delivering health services because there is compelling evidence that the traditional approach can be improved. The Saskatchewan health system must be changed to serve people better and be made more accountable to them—in terms of both benefits and cost.

These changes will be made based on community values. A community-based and community-directed health system is being developed to place health decisions in the hands of Saskatchewan people.

Adopting the wellness approach will involve every resident of our province. It is only through fundamental and broad-based change that we will be able to achieve the truly Saskatchewan vision of health for all—the second generation of health care.

The change process we are embarking upon requires an entirely new way of thinking about health—second generation thinking. Together, we can change the way we think about health, our role in achieving wellness, and the way health services are planned, delivered, and paid for. Together, we can fulfil the second phase of Tommy Douglas' vision: reorganizing the health system to better meet the needs of the people it serves.

Reforming the health system requires a spirit of co-operation—of working together toward wellness—and we are convinced that this participation will be forthcoming. After all, mutual aid, partnerships and co-operation are 'the Saskatchewan way' of getting things done.

We welcome your comments and suggestions. Please send them to the address below. For additional information contact:

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